

PETERSBURG MEDICAL CENTER

REQUEST FOR PROPOSALS

Facility Master Plan Services

March 4, 2019

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Exhibits

- A. 2001 Community Needs Assessment (*Alaska Center for Rural Health*)
- B. 2006 Performance Improvement Consultation (*Stroudwater Associates*)
- C. 2013 Mental Health Services MAPP Analysis (*PMHS, SHARE, PMC*)
- D. 2015 Community Health Needs Assessment (*Shelley Hjort*)
- E. 2015 Facility Condition Assessment (*Jensen, Yorba, Lott Architects*)
- F. 2016 Borough Comprehensive Plan Update (*Agnew-Beck Consulting*)
- G. 2017 Community Needs Assessment and Forces of Change Analysis (*Dr. Monica Gross*)
- H. 2018 Community Needs Implementation Strategy (*Dr. Monica Gross*)
- I. 2018 Financial Feasibility Study – Phase I (*BDO, LLP*)
- J. 2018 Petersburg Medical Center Strategic Plan: FY2019 – FY2023 (*PMC Board of Directors*)
- K. 2018 Community Café Results (*PMC*)
- L. Potential Sites for New Construction Option
- M. Draft Professional Services Contract

I. Solicitation

The Petersburg Medical Center (PMC) is soliciting proposals for professional master planning services. Upon successful completion of Phase I of the Master Plan, PMC may, at its discretion, enter into negotiations with the Phase I firm for Phase II master plan and/or project design services.

II. Submittals

To be considered, respondents must deliver submittals to the address below, on or before the deadline, and in the number of copies indicated below.

Deadline: Proposals will be accepted until Monday, April 8, 2019 at 1:00 PM AST.

Address Responses To:

Chad Wright, Executive Assistant
Petersburg Medical Center
PO Box 589
Petersburg, AK 99833

Mark Submittals as Follows: PMC Master Plan Proposal

Required Number of Copies: Seven (7) hard copies, plus a pdf copy on a thumb drive

III. Background and Project Summary

Petersburg Medical Center (PMC) is a small 12-bed Critical Access Hospital located on Mitkof Island in Southeast Alaska. The facility, which totals approximately 50,000 gsf, includes the hospital building itself, an outpatient clinic and a 15 bed Long Term Care (LTC) facility. The structure that houses the LTC was constructed in the 1960's; the hospital in the 1980's; and the clinic in the 1990's. A recent Facility Condition Assessment indicates that some of the building components and systems are nearing the end of their useful life. Accordingly, PMC has begun to explore renovation vs. new construction alternatives. Any analysis of design/construction alternatives needs to also consider potential program and service line changes.

The scope of work and other information in this document summarize the next logical steps in the PMC Renovation / Replacement Project planning process. Relevant background documents are included as Exhibits to this RFP.

IV. Scope of Services and Deliverables

Tasks:

a. Review Background Documents

Review all relevant facility, program and finance related documents.

b. Perform Structural Analysis of Existing Facility

Determine structural condition of the existing facility and summarize upgrades required to be compliant with existing building codes.

c. Perform Inundation Study

Summarize risks at the existing site and potential new construction site(s) near the airport due to Tsunamis and other coastal storm/flood events.

d. Prepare a Detailed Debt Capacity Analysis

Expand on the June 2018 Analysis prepared by BDO. Include preliminary information on financing alternatives.

e. Review Demographic, Workload and Staffing Data

Summarize demographic, workload and staffing data needed to:

- Complete the market and service line analysis
- Prepare a space program

f. Prepare Updated Market and Service Line Analysis

Consider Emergency Services, Acute Care, Surgical Services, Primary Care, Obstetric Care, Outpatient Services, Dental Services, Wellness and Public Health Nursing Services, Diagnostic Services, Ancillary Services, Itinerant Specialty Services, and Senior Services. Describe market in both geographic and demographic terms. Identify opportunities for growth. Evaluate competition and potential affiliations. Conduct a public hearing as part of data collection and analysis process.

g. Prepare a Recommended Space Program

Use criteria published by the Federal Guidelines Institute and other appropriate industry standards.

- *Guidelines For Design And Construction Of Health Care Facilities*
- *Guidelines For Design And Construction Of Outpatient Facilities*
- *Guidelines For Design And Construction Of Residential Health Care and Support Facilities*

Use information regarding debt capacity, market demand, workload, staffing, etc. to be strategic/realistic in determining scope of programs/services and hence space, capital cost and operational costs.

h. Prepare Concept Level Drawings and Narratives

- Renovation/expansion at existing site
- New construction near airport

Drawings should include basic site plan information, building massing, and floor plans at a block departmental level so that program staff can understand proximities and general

circulation patterns. Narratives for architectural, structural, civil, mechanical and electrical systems should be of sufficient detail to facilitate the development of concept level cost estimates.

i. Prepare Cost Estimates for Renovation and New Construction Concepts

Both options should include an allowance for furniture, fixture and equipment (FF&E) upgrades. The new construction option should also include the cost of land acquisition, any required off-site infrastructure improvements, and repurposing/disposal of the existing facility.

Deliverables:

1. Structural Engineering Report
2. Inundation Study Report
3. Debt Capacity Analysis
4. Summary of Workload and Demographic Data
5. Market and Service Line Report
6. Space Program
7. Concept Drawings and Narratives
8. Cost Estimates

The deliverables produced during Phase I of the Master Plan Project should be of sufficient detail so that PMC can initiate Phase II of the Master Plan Project, which involves the following.

- j. Confirm Site Assumptions for the New Construction Option, including constructability, acquisition costs, etc.
- k. Prepare Financing Proposals for Renovation vs. New Construction
- l. Prepare a Traffic Analysis Comparing Renovation vs. New Construction
- m. Hold Initial Discussions with CMS and State DHSS
- n. Prepare a Community Engagement Plan to Facilitate Making a Final Decision on Service Lines, Renovation vs. New Construction, and a Financing Strategy
- o. Prepare a Business Plan for the Proposed New Facility

Upon completion of Phase II, there should be sufficient information so that PMC can start the Schematic Design Phase of the Project.

V. Schedule

A preliminary schedule for Phase I services is summarized below.

- | | |
|---------------|---|
| 30 June: | Complete structural analysis, inundation study and debt capacity analysis |
| 31 July: | Complete demographic, workload and staffing data analysis |
| 30 September: | Complete market and service line analysis |
| 31 October: | Complete space program |
| 30 November: | Complete concept drawings |
| 31 December: | Complete cost estimates |

VI. Funding and Type of Contract

Funding for the services to be procured via this RFP is being provided by the Denali Commission and PMC. A Cooperative Agreement between the Commission and PMC was executed on 31 January 2019 (Award 1560). The total funding currently available for Phase I Master Plan services is \$244,000.

PMC intends to enter into negotiations with the highest ranked Proposer and execute a professional services contract with said Proposer that may be amended and/or extended as agreed to by both parties. Draft contract terms and conditions are attached as Exhibit L. In the event PMC cannot successfully negotiate a contract with the highest ranked Proposer, PMC will terminate negotiations with that Proposer, and initiate negotiations with the second ranked Proposer.

VII. Selection Process

Proposals will be reviewed by a Selection Committee established for this particular project. Each committee member will rate each proposal on each of the selection criteria listed below. Scores for each criteria will be determined by multiplying a raw score from 0 – 10 by the listed weight. A combined Committee score will be assigned to each proposal to determine an initial ranking. The highest ranked Proposers from this list will be invited to make oral presentations to the full Committee the week of April 29, 2019 in Petersburg. Interviewed firms will be re-scored by the Committee using the same criteria listed below. PMC intends to negotiate a contract with the firm which in the Committee's sole judgment, will provide the best overall value to PMC.

<u>Selection Criteria</u>	<u>Weight</u>	<u>Max. Score</u>	<u>Percent of Max. Score</u>
1. Subconsultant Team and Management Plan	25	250	25%
2. Master Plan Experience	30	300	30%
3. Hospital Design Experience	30	300	30 %
4. Capacity	15	<u>150</u>	<u>15 %</u>
	Total	1,000	100%

VIII. Proposal Content and Format

Proposals should only address the selection criteria listed above. More specific information on each criteria is summarized below.

1. Subconsultant Team and Management Plan: (25) Summarize the team assembled for this project. Describe how you will staff and organize master plan related work, vs. potential future design work. Identify any services that will be accomplished via subcontract or a joint venture. Describe experience of the proposed firms in working together on similar assignments. Comment on the scope, deliverables, schedule and available budget presented in this RFP for Phase I of the Master Plan Project. Discuss how Master Plan outcomes will be documented for use by key personnel on the eventual project design team; include information for the scenario where PMC does not engage your team for project design services.

2. Master Plan Experience: (30) Provide information on recent successful projects similar in size and complexity for all **key personnel**. Include specific information on, (a) Critical Access Hospital projects, (b) renovation projects, (c) new construction projects, and (d) Alaska projects. Provide at least three references.
3. Hospital Design Experience: (30) Summarize information on recent successful projects similar in size and complexity for each **firm** that would be involved in potential future design work. Also provide information on recent, relevant projects for all **key personnel** that would be involved in potential future design work. Include specific information on, (a) Critical Access Hospital projects, (b) renovation projects, (c) new construction projects, and (d) Alaska projects. Provide at least three references for the prime design firm, and three references for the proposed design phase project manager.
4. Capacity: (15) Provide a summary of the team's current and anticipated workload from June 2019 to January 2020. Identify all project responsibilities for the key personnel included in your proposal.

Proposals must adhere to the following limitations.

Cover Letter:	1 page maximum, that includes an acknowledgement of all addenda
Narrative:	18 pages maximum, excluding resumes and exhibits
Resumes:	2 pages maximum (each)
Total Page Count:	40 maximum, excluding proposal cover

One page is defined as one side of a standard 8 ½" x 11" sheet of paper.

IX. Additional Information

1. For additional information regarding the project or this RFP, please contact:

Chad Wright, Executive Assistant
Petersburg Medical Center
PO Box 589
Petersburg, AK 99833
Tel 907-772-4291 ext.5724
Fax 907-772-3085
chadwright@pmc-health.org

2. Proposers should be aware that the information presented in this document is preliminary. Issues such as the proposed schedule are subject to refinement and change.
3. Any costs incurred in response to this request are at the proposer's sole risk and will not be reimbursed by PMC or any of the project funders.
4. PMC reserves the right to waive informalities, and to make a selection deemed to be in its own best interest. This includes the right to reject all proposals and proceed utilizing a different process.

5. In the event the contract executed pursuant to this RFP is terminated for cause or convenience within 12 months, PMC may at its discretion enter into negotiations with other Proposers from the original solicitation, in the order ranked after the April - May 2019 interviews.
6. In accordance with 2 CFR 200.319, entities or individuals currently under contract with PMC to provide assistance related to this RFP are precluded from submitting a proposal.
7. **Regardless of how a Proposer obtained a copy of this RFP, all Proposers must register with the contact listed in item #1 above, to ensure that any and all addenda are received. Failure to acknowledge addenda in a Proposer's cover letter may result in the Proposer being declared non-responsive, at the discretion of PMC.**